

## **ONLINE RELATIONSHIPS**

### **Goals for Treatment Participants**

- Understanding social influences online
- Understanding social and emotional needs that can be met online
- Identifying other ways of meeting those needs

### **Guidance for Facilitator**

Different issues are tackled in this section. For some participants, online interactions are the main source of social interaction and support. This can include problems with social skills, isolation, or introversion. Online communication feels safer and easier. For others, there can be reinforcement of offense-supportive attitudes and beliefs (e.g., "child pornography is harmless", "children can consent to sex"). And there can be collaborative offending, e.g., trading child pornography forums.

This is the main section where the needs met by problematic online relationships can be replaced with healthy online and offline relationships. This can involve rehearsal and role plays of typical social interactions, to build social skills and identifying the antecedents of social isolation.

From croga.org:

"For some people, using Internet illegal images of children takes place within a social context, involving other Internet users who are traders and/or friends. When your social life is dominated by online relationships there is a tendency for friendships in the "real world" to be excluded. Also excluded are the "reality checks" that we all use that may make us stand back and question our online activities."

Questions to consider (from croga.org):

#### ***(1) What do I use the Internet for?***

*Download the form that accompanies this exercise. On it you will see a number of intersecting circles. By following the instructions on the form, try to find the point on the circles graph that most accurately describes your use of the Internet and the on-line relationships you form there.*

*Circles Of Community Involvement*

#### ***(2) Do my on-line relationships affect my off-line ones?***

*Make a list of what was happening to off-line relationships as on-line ones developed.*

#### ***(3) What are my on-line relationships like?***

*Ask yourself in what ways are these relationships similar to those off-line and in what ways are they different?*

***(4) Why do I choose on-line relationships?***

*What do these relationships mean to you, and what gaps are they filling in your life? How can these gaps be filled in the off-line world?*

***(5) Online sexual relationships***

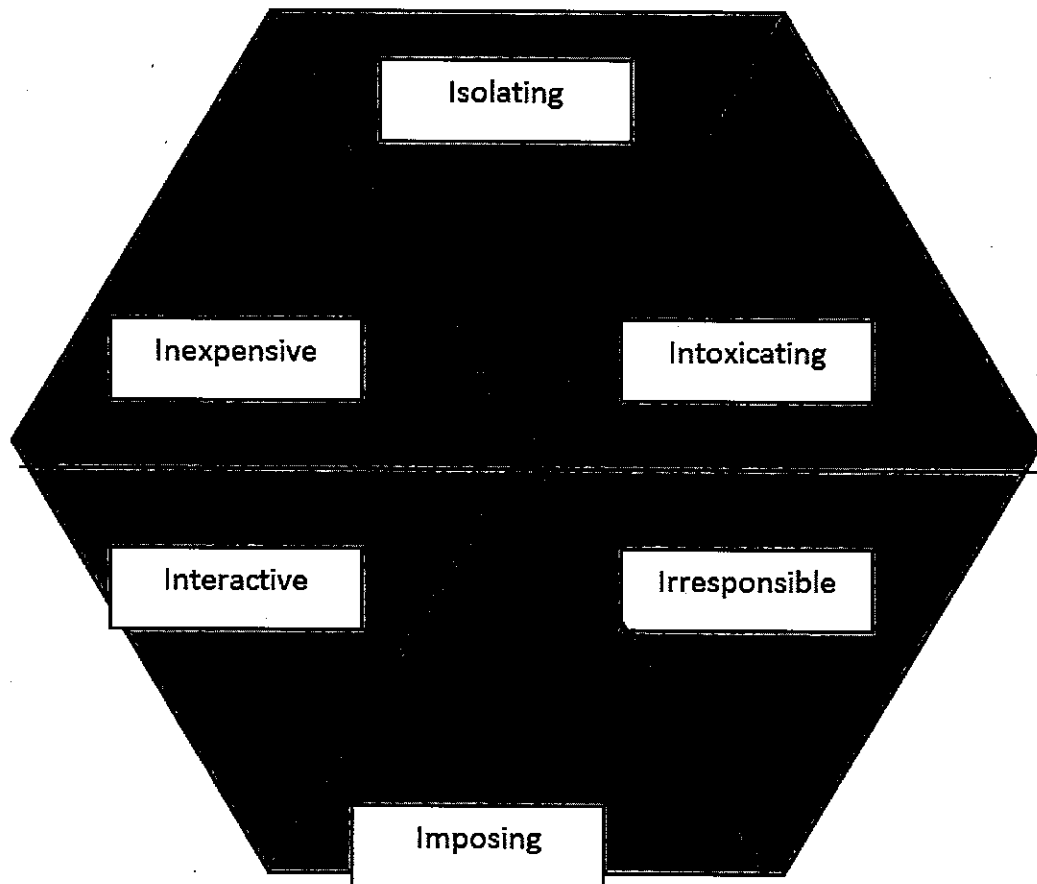
*Describe any online relationships you have which are sexual. What are the benefits of such relationships over off-line ones? What are the drawbacks?*

***(6) What do I look for in "real life" relationships?***

*List the things you value about real life relationships. What ACTIONS could you take to achieve these things in your real-life relationships? For example, if you value intimacy with your partner, an action you might take would be to try and spend more time with your partner.*

The cyberhex model is a way of thinking about the influences on engaging in sexual behavior online, which can include accessing pornography, sexual chats with strangers, webcamming or other interaction with potential partners (e.g., casual encounter sites), and looking for escorts or other sexual services.

**THE CYBERHEX**  
Carnes, P., Delmonico, D., & Griffin, E. (2007)



**Intoxicating**

Cybersex users often report a euphoria while preparing to or engaging in sexual activity on the Internet. It is this “rush” that lures some people back online.

What can make it intoxicating?

- Easy and immediate access to sexual content
- An opportunity to develop sexual fantasies without fear of rejection
- The chance to specify ideal sex partner(s) and preferred sexual activities
- The chance to express fantasies with less fear of consequences
- The chance to learn about or experiment with new or previously unknown sexual behaviors

**Isolating**

Internet use can be isolating, especially if frequent or prolonged. Spending lots of time online necessarily means less time for offline relationships and activities.

- Allows you to engage in experiences quickly and privately
- Nobody needs to know what you are doing
- It can seem victimless and harmless
- Time spent online can distance the user from partner, family, friends
- Real-life friends and family do not share the virtual world

**Irresponsible**

- The Internet is part of many people's lives, it can be available all the time
- The ability to distance self from being discovered or from consequences can increase irresponsible behavior
- The perceived anonymity and lack of social cues online can lead to disinhibition of behavior, e.g., doing things online you wouldn't do offline
- You do not have to disclose who you are; you can act anonymously or pretend to be someone else

**Imposing**

- It's hard to avoid the Internet even if you want to, it's common for work, government agencies and others
- The Internet offers a seemingly endless choice of content
- It's easy to spend hours – longer than you intend – surfing online

**Interactive**

- You can interact with others verbally or visually or both
- You can join a virtual community of people who share interests
- You can interact in real time
- You can find reinforcement from others
- You can contact people around the world
- You can arrange to meet offline

**Inexpensive**

- Free pornography online vs. buying pornography DVDs or magazines
- Online sexual chat is cheaper than going to strip clubs, prostitutes, etc.
- Less messy or complicated than offline sex

## **SELF-MANAGEMENT**

### **Goals for Treatment Participants**

- Apply functional analysis to identify antecedents in the future
- Develop coping strategies to respond to thoughts or feelings that precede problematic online behavior
- Understand that sexual urges and urges to go online can emerge but will fade with time

### **Guidance for Facilitator**

Increasingly difficult to function in modern society without access to the internet, so full abstinence is both implausible and unlikely to lead to full realization of life goals. Thus, the goal is to be able to go online responsibly. Need for self-management skills regarding online behavior. Same skills can be used when dealing with other impulses, sexual or nonsexual, offline.

Currently focused on managing urges to engage in problematic online behavior. Content needs to be tied to self-regulation/management content in main tracks regarding paraphilic sexual interests and/or excessive sexual preoccupation because there will be high overlap in issues and strategies.

Depending on the internet offender, the person may simply have problems regulating online behavior, e.g., viewing mainstream pornography, adult sex chat, checking out prostitute or hook-up sites. If it's excessive in terms of frequency, duration and/or total time, then sexual preoccupation comes in.

If the online behavior is focused on paraphilic content, e.g., child pornography, sexually violent pornography, paraphilic themes, then paraphilic sexual interests comes in.

Applying knowledge gained from functional analysis of index behavior to developing more effective coping strategies, e.g., other ways to cope with negative mood, setting up environment (e.g., PC in a public area, giving someone else access) to safeguard against problematic use. Recognizing (sexual) urges come and go and using mindfulness rather than thought suppression or avoidance as a way of observing urges. Mindfulness training is central to this section of the Internet module.

This is the largest component of the internet module. Different techniques for coping with urges to engage in problematic online or sexual behavior are introduced, discussed, and rehearsed. Participants identify techniques that have helped them in the past and those they think would be best suited to them.

The group identifies common situations that trigger urges to engage in problematic online or sexual behavior in order to build skills for anticipating the

need to use self-regulation techniques. The participants should take turns in role playing how they would respond to common situations in their lives, trying different techniques to find out which ones are the best fit.

## **TECHNIQUES FOR MANAGING URGES TO ENGAGE IN PROBLEMATIC ONLINE BEHAVIOR OR SEXUAL BEHAVIOR**

### Relaxation techniques

The person having the urge (fantasy, thought, sexual arousal) can engage in a relaxation technique that works for him. These techniques should be planned and rehearsed in advance.

Techniques can include guided visualization; progressive tensing and relaxing of major muscle groups; mindful breathing; tuning into the heartbeat. It is impossible to feel relaxed and tense at the same time. Relaxation techniques can offer a way to effectively decrease tension, be it physical or emotional, which can often be a trigger for the urge to engage in problematic online or sexual behavior.

For example, many people find steady, mindful breathing is relaxing. The 7/11 technique involves breathing in slowly and steadily for a count of 7 and then out for a count of 11. Repeat as needed.

### Positive Self-Talk

This is a structured and rehearsed form of self-talk, often combined with a specific action that changes the direction of a thought. For example, "I might be tempted to fantasize about going online and looking for child pornography, but I am now a responsible adult and I WILL NOT look at a child as a sexual object."

### Active distraction

Once an urge occurs, we can "change the channel" and think about something else by engaging in a mental activity that is incompatible. For example, if a sexual fantasy/thought/mood occurs, engaging in mental activities such as listening to the radio, playing a phone game, trying to solve a puzzle, or recalling sports or news events will be distracting. The distraction needs to be something that requires concentration but is also readily accessible and feasible across different circumstances. Distraction needs to be an active process if it is to be effective.

### Urge Surfing

The person having the fantasy/thought/mood imagines the urge as being like a wave that builds to a peak and then declines in intensity. The idea is to ride the urge without acting on it and then waiting for it to decline. Afterwards, the person gives himself positive reinforcement/praise for riding out the urge without acting on it. Research has shown that observing that an urge can come and go is more effective than trying to suppress the urge. This self-regulation technique can draw on mindfulness

techniques taught as part of the standard or non-standard tracks for emotion regulation, relaxation and other purposes.

Leave the situation

The person having the urge physically moves away from the situation associated with the urge, when possible. For example, having an urge to look at (illegal) pornography on the computer might mean getting up and leaving the room to get some water, go for a walk, or otherwise engaging in an activity that prevents the person from acting on the urge.



## Appendix G: Mindfulness Training

This is incorporated into DBT but two additional options are recommended, especially for those not participating in DBT.

- 1) **The Wild Divine Computer program** ([www.wilddivine.com](http://www.wilddivine.com)) uses an interactive game involving bio-feedback (Healing Rhythms) to teach mindfulness skills. We recommend this be made available as one option for developing these skills
- 2) **Mindfulness Course** – we recommend that a technician be trained to run mindfulness training based on the work of Jon Kabat-Zinn. (see <http://www.mindfullivingprograms.com/whatMBSR.php>)

This could be run for moderate sized groups at any one time.

Training is available online and in California.

### Background to Mindfulness techniques

***The neural and physiological underpinnings of mindfulness.*** Through the use of advanced brain imaging methods, researchers have attempted to assess the underlying structural and functional correlates of mindfulness meditation. Differences in neural function have also been noted among those who practice mindfulness meditation relative to controls. One of the earliest studies to assess the functional correlates of mindfulness was conducted by *Davidson et al.* (2003) who observed increased left-sided anterior activation among trained meditators relative to non-meditators. It is noted by the authors that a similar pattern of anterior activation is linked with feelings of positive affect.

Further evidence which links the benefits of mindfulness based meditation with prefrontal territories and limbic structures is presented by *Frewen et al.* (2010). These authors observed an association between mindfulness traits, dorsomedial prefrontal activity, and responsivity of the left amygdala. Similarly, *Modinos, Ormel and Aleman* (2010) showed that participants' degree of mindfulness was positively correlated with activity in the PFC. Activity in this region was inversely correlated with amygdala responsivity during the reappraisal of negative emotional stimuli. These results provide evidence for an influence of mindfulness on activity in the fronto-limbic circuits known to interact in the cognitive reappraisal of emotions (*Ochsner & Gross* 2005). Furthermore, *Creswell et al.* (2007) noted a relationship of dispositional mindfulness with increased prefrontal activity and a reduction in the amygdala response bilaterally during an affect labeling task. However, this mechanism of mindfulness may be true for beginner meditators only. Results

suggest that more experienced meditators show a pattern of activity more in keeping with increased acceptance of emotional states and greater present-moment awareness (Taylor *et al.* 2011).

***Mindfulness with sexual offenders.*** Although mindfulness remains to be implemented on a large scale for the treatment of sexual offenders, some studies have sought to assess the benefits of mindfulness in a forensic therapeutic context. Samuelson *et al.* (2007) assessed hostility, self-esteem and mood disturbance following a prison based mindfulness program and noted benefits among both male and female participants. Benefits of mindfulness practice have also been observed among aggressive psychiatric inpatients, with reductions in both verbal and physical aggression reported alongside increased levels of self-control (Singh *et al.* 2003; Singh *et al.* 2007a, 2007b). In addition, Singh *et al.* (2010) observed improved regulation of deviant sexual arousal among three learning disabled adult sexual offenders following a program of mindfulness meditation.

**Exercises using mindfulness** A state of mindfulness may be achieved through the practice of meditation on the breath (Crane 2009). This practice involves an intense focus on the experience of breathing in the here and now, taking note of various sensations associated with respiration as and when they occur. When the mind wanders, the individual is instructed to slowly return to the present moment, maintaining focus on the sensation of breathing.

### ***Controlled breathing techniques***

***The neural and physiological underpinnings of controlled breathing.*** Lehrer *et al.* (2003) suggest that biofeedback may exert therapeutic benefits via effects on those mechanisms which modulate cardiac activity. These mechanisms include the baroreflex, a negative feedback mechanism whereby stretch receptors detect changes in blood pressure and modulate vagal nerve activity accordingly, and peak expiratory flow, a person's maximum speed of expiration. Furthermore, benefits following biofeedback training may result from effects of autonomic activity on those neural circuits underlying emotional regulation. For example, a model of 'neurovisceral integration' outlined by Thayer and Lane (2009), suggests that patterns of neural activity in the brain, including the PFC and amygdala, may be affected by changes in cardiophysiology. Evidence for this model is presented by Napadow and colleagues (Napadow *et al.* 2008), who combined advanced fMRI techniques and HRV measurement to study the neural correlates of autonomic modulation among healthy participants. Results revealed relationships of HRV levels with activity in various neural regions, including the hypothalamus, limbic structures including the amygdala and hippocampus, and regions of PFC.

**Exercises using breathing techniques** Practitioners have aimed to aid clients to control their breathing pattern with the aim of achieving gains in heart rate variability (HRV). Lower levels of heart rate variability (HRV) have frequently been observed

among patients with disorders of mood and anxiety, suggesting a relationship of HRV with the ability to regulate affective states (*Garakani et al. 2009*). *Bernardi et al. (2001)* suggest that a breathing pattern of 0.1 Hz, or 6 breaths per minute, may be optimal for HRV gains. Consistent with this observation, *Lehrer, Vaschillo and Vaschillo (2000)* developed a biofeedback system which could help practitioners to induce in their clients a pattern of slow and controlled breathing. Ultimately, the aims of biofeedback are to aid clients to achieve higher levels of HRV, and associated improvements in emotional regulatory abilities. Such biofeedback techniques have also been integrated in to the treatment of various mood and anxiety disorders. In a review of the literature in this area *Wheat and Larkin (2010)* conclude that biofeedback does confer some degree of therapeutic utility for (i) improving levels of HRV and related physiology; and (ii) improving clinical outcomes.

Hence, the biofeedback breathing game (Healing Rhythms) may very useful for helping develop more successful self-regulation. This program can act as a stand-alone system (or several systems within the Brig).

**Appendix H: Manual for the Sexual Offender Treatment  
Program: Phase II Standard Track**

## Individual Session 1: Introduction to Standard Treatment Track

### Goals for Treatment Participant

- Set expectations for his treatment program as a whole
- Set expectations for the individual sessions
- Introduce journaling

### Guidance for Facilitator

Meet individually with the treatment participant. He should have received an outline of the Standard Track when he initially consented to treatment. Have another copy with you and go through it with him. Answer his questions about this and let him know pragmatic details (when and where the sessions are, how to contact provider, etc.).

Go on to talk about individual sessions. Explain the purpose as:

- Make sure he gets individual expert attention
- To make sure the treatment program meets his individual needs
- Coach him in learning about himself and applying new skills

Explain that there will be assignments that he works on that he will present to the group and that there will also be assignments that he will work on that are processed in one-on-one sessions with a treatment provider.

Educate him about journaling. Explain the purposes of journaling as being for him to:

- Recognize patterns in his behavior, thoughts and feelings.
- Learn to understand these patterns
- Decide which patterns he wants to change
- Keeping track of his progress in making changes

Coach him to identify the value to him in the assignments, group and individual sessions and journaling features of his treatment.

Review the journaling handout with him and answer any questions he has. Let him know that he should hand his journal in once a week and that one of his treatment will briefly review it and provide feedback before returning it to him. You should discuss it with him in more depth during the individual sessions.

Schedule the next individual session.

## Handout for Journaling

Treatment is all about learning to manage yourself better which will improve your overall wellbeing. This involves two key steps: 1. Becoming more aware of patterns in your thoughts, feelings and behavior; and 2. Improving the skills you use to manage yourself and respond to the challenges life throws at you. Your journal is intended to help you with both of these steps.

There are two things you will always record in your journal: 1. How you respond to the problems and hassles of your everyday life; and 2. Your sexual thoughts, feelings, and behaviors. You and your individual treatment provider may decide to add additional topics that are relevant to your goals and progress in treatment but these two topics will always be part of what you pay attention to and record in your journal.

Monitoring yourself with the journal process begins with three steps: (1) keeping notes, (2) setting aside time, and laying out the page.

1. Keeping Notes. Carry a 3x5 index card in your pocket during the day (if authorized). As things happen, make a note on the card to remind yourself of the event later. Make a note about the events you have a strong reaction to and things you think about several times in the day. The note may be as brief as naming the people involved and the time. Or you may choose to jot down a few words to describe the incident. Later on you will use these notes to write more complete entries in your journal.

For instance, suppose an event was getting caught in traffic on your way to work. You could take a moment to make a reminder note on your card. The words "late for work – stressed" would be all you need to remember the event at the end of the day.

2. Setting Aside Time. Setting aside a daily time to make journal entries is an important part of monitoring yourself. Without a regular time to sit down with your journal each day, you will quickly forget the whole thing. If you don't take time daily, you may overlook the small incidents that happen repeatedly while you wait for the big ones that "really matter." It is often your reactions to small incidents that teach you the most about yourself.
3. Laying out the Page. Use lined paper with holes for collecting pages in a three-ring binder, or write in as 8½x11 or larger spiral ring notebook. Begin by drawing three vertical lines down the page, dividing it into four equal columns. Starting on the left, head the four columns EVENT PROBLEM/HASSLE, OPTIONS/ACTIONS, and RESULTS. Write the date of the incident and the approximate time it happened on the first line, on the left side. You are then going to use these four columns to describe what happened, why it was a problem/hassle, how you coped, and what resulted.

- In the EVENTS column, write down the first event you have decided to record. Give enough information to be able to reread the entry a few weeks from now and make sense of what happened. Try to describe it as objectively as possible.
- In the PROBLEM/HASSLE explain what makes this event a problem or a hassle. A Problem is a situation where there is a gap between what you want and what you can immediately and easily achieve. So in explaining why something is a problem you should identify what it was you wanted and why it was hard to achieve. A Hassle is something that is frustrating or irritating, something that makes life more difficult. So to explain why something is a hassle you should explain what was frustrating or irritating about the event. Make sure you include under this heading the thoughts and feelings you had at the time.

- In the OPTIONS/ACTIONS column explain what options occurred to you at the time for coping with this Problem/Hassle. Ways of coping can include things you do that resolve or reduce the Problem/Hassle or (when you can't change things) ways you cope with your feelings about the Problem/Hassle. After you record the options that occurred to you at the time, indicate what you actually did (your Actions) to cope with the Problem/Hassle.
  - In the RESULTS column record how well your actions worked for you. Were you able to resolve/reduce the Problem/Hassle, what feelings were you left with about parts of the Problem/Hassle that you weren't able to resolve.
4. Now draw a horizontal line below the entries for the first event, and go on to make entries for the second event. Repeat the process for however many events you decide to describe. Record at least three events each day.
  5. Since a lot happens in a day you will have to make decisions about what to include in your journal. You should include events that you have a stronger reaction to or find yourself thinking about several times during the day. These can include negative reactions – for example, feeling bored and restless, feeling anxious, feeling angry, feeling depressed or lonely, or events when you felt things went badly for you. But you can also include events where you coped more successfully. Always include any sexual events (sexual thoughts, feelings, urges, fantasies, behaviors).
  6. Finally, if you masturbated since the last time you completed your journal you should enter an M. If what you were thinking about when you masturbated was something negative for you such as someone who looked like a child or teenager, or was a past victim, or you were imagining forcing someone to have sex against their will, you should put an X after the M.
  7. An example of an entry for a man who is living at home. He is actually making his journal entry on the evening of May 4<sup>th</sup>, describing events that occurred the preceding night. At that time he was asleep in a second floor bedroom at the time of the incident. He is alone in the house except for the family pet (a cat) at the time of the incident since his wife and children are away for a few days as they have gone to visit her parents. Note that a second problem is indicated in the RESULTS column (how to get back to sleep), and so there is a second entry describing how he coped with that problem.

EVENTS	PROBLEM/HASSLE	OPTIONS/ACTIONS	RESULTS
<u>May 2<sup>nd</sup>, 2014, 2am</u> Woken by a loud noise coming from downstairs.	Thoughts: Someone has broken into the house. Are they still there? Was that just the cat? Feelings: Anxious, Angry, Startled Problem: I won't feel safe if don't investigate. If there really is an intruder this may be dangerous. I want to defend my home.	Options: I could call the police but I would look silly if it was just the cat. Action: Went downstairs to investigate, flashlight in one hand and baseball bat in the other, cautiously searched the downstairs rooms	No signs of a break in. It looked like the cat had knocked a vase over.  Went back to bed, it took a long time to calm down and get back to sleep.  Tired and irritable the next morning when work up.
<u>May 2<sup>nd</sup>, 2014, 4am</u> Having difficulty getting to sleep after going back to bed	Thoughts: F***ing cat! I know the kids love it but it can be a real pain. I need my sleep. I am always doing things for them and no one appreciates it Feelings: Agitated. Irritable. Put upon. Problem: I need to get to sleep but I am too agitated to fall asleep.	Options: Keep thinking about what a pain this is. OR Take a sleeping pill OR Think about something else so I calm down. Actions: Imagine telling my wife about what happened, turning it into a funny story. Making her laugh. Masturbated imagining having sex with her when she gets back.	Calmed down and went to sleep. Only got another two hours sleep before my alarm went off. Was still tired and a bit irritable the next morning but better than I would have been if I hadn't gone back to sleep.



## Subsequent Individual Sessions: Teaching Effective Coping

### Goals for Treatment Participant

- Encourage effective journal keeping
- Improve problem-solving skills
- Improve ability to regulate negative emotions
- Reduce reliance on Sexualized Coping

### Guidance for Facilitator

Meet individually with the treatment participant. This should be about four weeks after the previous meeting. Review the treatment participant's journal in preparation for the meeting.

During these sessions you should attempt the following:

- Discuss any issues that have arisen from the treatment participant's involvement in other aspects of the program (i.e., Standard Track group sessions)
- Go through the journal entries encouraging the participant to verbally expand a little upon entries that are unclear or warrant special attention
- Where entries indicate masturbation to negative themes (MX entries), ask the participant to explain what was involved, encourage use of positive themes that you and he identify together
- Help the participant identify cognitive distortions that may be impeding his ability to solve problems or cope with hassles. Assist him in identifying more functional beliefs that resonate with his sense of himself
- Teach him the following simple method for Problem-Solving described in the participant handout on the next page. Ask him to practice it on recurrent Problems/Hassles, and to record the results in his journal. Subsequent sessions will be used to review and coach him in the applying this method

Consider assigning additional tasks to target specific components of problem-solving skills.

You can also refer the treatment participant to additional modules to address offense-related arousal or emotion-regulation if the treatment participant is having particular difficulties with these areas.

You may not have time to work on all these tasks in a single session so you should choose the most relevant to this individual at this time. Be sure to teach the problem-solving steps no later than the second or third individual session.

At the end of each individual session, schedule the next individual session.

## Handout for Problem-Solving Steps

Most of us solve problems without consciously thinking about how we do it but our problem-solving skills can be improved by slowing down and using problem-solving steps. People find the following steps helpful as a way of disciplining themselves to solve problems more effectively.

### **Step 1: Define the Problem**

A problem is when there is a gap between what we want and what we can easily achieve. It is worth thinking about the nature of that gap. What do we really want? Can we define the problem in a way that makes it easier to make progress towards solving it? Sometimes we are mistaken about what we really want so we don't work on solving the right problem.

### **Step 2: Gather Information**

Deciding what we really want, understanding what is getting in the way of our getting it, and coming up with Options to try to solve the problem all depend on our having good information. It is worth seeking different people's points of view on the problem and seeking information from sources that are more objective or more expert. Sometimes our own assumptions about other people or the way the world is get in the way of our solving problems. If our problem involves a conflict with other people then getting good information about their point of view will always be helpful.

### **Step 3: Generate Options**

This step is where you generate different possible strategies (Options) for trying to solve the problem. We often box ourselves in by not considering a wide enough range of options. Brainstorming and Creative Thinking are important skills for this step. Do not think critically about the different options at this stage as this will impair your creativity. The goal of this step is simply to come up with all the different ways the problem can be solved.

### **Step 4: Consequences**

Having identified in Step 3 a range of options to solve the problem, you are now ready to think through the potential positive and negative consequences of each option. In doing this, consider both the short term and longer-term consequences. Also think about how confident you are that you could put each option into practice. This method will help you narrow down your options to two or three possibilities. Then identify a favorite to try out first.

### **Step 5: Try Out Selected Option**

Try out the option you selected in Step 4 and see how well it works. If it seems to be working for you, persist with it. If you run into difficulties, consider how to resolve them, or switch to a different option and try that.

## Subsequent Individual Sessions: Teaching Emotion Management

### Goals for Treatment Participant

- To learn about effective emotion management skills
- To try some of them out and choose ones to continue applying

### Guidance for Facilitator

Individual sessions about emotion management are intended as a supplement to what is covered in the group program or in additional treatment components that he may have been referred to. The individual session should be used to clarify his understanding of the skills, and through review of journals see that he is applying them.

Two related emotion management skills can be taught in individual sessions. These are as follows.

#### **Safe Place Imagery**

This involves individually developing an image of a time and place in which he was safe and unthreatened. The imagery should be developed so that he can spend time mentally visiting this place and during that time have a relief from his worries and frustrations.

#### **Rumination Time**

This is for individuals who have a problem with intrusive rumination of a negative kind, for example rumination about something threatening, rumination about something being unfair etc. The notion is to set aside a dedicated period in the day for this kind of thinking. Then when the urge to ruminate is experienced, the person can say to themselves, "Not now, I will save it for my Rumination Time". This can make it easier to resist the urge to ruminate now.

## Subsequent Individual Sessions: Self-Control Cards

### Goals for Treatment Participant

- To learn about Self-Control Cards
- To create and start using his own Self-Control Cards

### Guidance for Facilitator

Self-Control Cards are small index cards to be carried by the participant at all times that this is practical. They should be formatted to show Warning Signs and Strategies.

You should work with him to develop Warning Signs that related to risk factors activating or other things going wrong for him. One side of the card should show a label for the warning sign and below it should be thoughts, feelings and behaviors that he could notice. On the other side of the card should be Strategies he can use to stabilize himself when he notices then Warning Signs.

Ideally he should be able to summarize the most important warning signs for himself on no more than five cards.

Language on the card can be chosen to be intelligible to him but not something that some one glancing at the card would understand. This can be used to protect his privacy.

## Subsequent Individual Sessions: Inspirations for Hard Times

### Goals for Treatment Participant

- To create images or words that he can use to sustain his motivation
- To determine which of these are more effective for him and start to use them

### Guidance for Facilitator

Talk to the participant about fluctuating motivation conveying some of the ideas below.

Sometimes the world treats you badly, sometime you try something and it doesn't work out the way you expected. We all have bad days. It is easier to make bad choices when our motivation is weaker. When that happens it helps to have stored up memories, words or ideas that can restore us.

These can include memories have times in the past when we have persevered successfully, memories of times when people have valued us or cared about us, memories of harm we have done to our self or others when we have made bad choices.

Help the participant to develop a collection of Inspiration for Hard Times

## Subsequent Individual Sessions: Teaching Emotion Management

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## Subsequent Individual Sessions: Resource Folder

### Goals for Treatment Participant

- Introduce the Resource Folder
- Teach the participant what to put in it
- Help the participant put things in his resource folder that are relevant to his treatment needs, including specifically management of his risk factors

### Guidance for Facilitator

The Resource Folder should be introduced prior to the Treatment Need Assessment. Explain the Resource Folder has somewhere he keeps written resources for him to refer back to when checking he is going in the right direction, making decisions or having problems in the future. The participant should be given a folder (or a ring binder) to keep and take with him when he leaves the facility.

The Folder should be preformatted so that it has sections labeled as follows:

#### **Potential Risk Factors to Watch For**

#### **Self-Control Cards**

#### **Inspiration for Tough Times**

#### **Control Strategies to Develop**

#### **Protective Factors to Build**

#### **Life Goals to Pursue**

#### **Effective Problem-Solving**

#### **Emotion-Management**

#### **Relationships**

After the Treatment Need Assessment he should place his copy of the report in that section but then, with his individual therapists help, identify in his own words the most important Vulnerabilities and Acute Risk factors for him to aware of. His identification of that should be the first sheet in the Potential Risk Factors to Watch For section and that should be followed by his copy of the report.

When he does the corresponding Modules in the program he should build up material in the other sections. This might include handouts but should always begin with what he thinks is most important in that section, expressed in his own

words. So for example, the Protective Factors section might have described in his own words the Protective Factors he thinks that it is particularly important for him to sustain or strengthen.

More generally, whenever he sees something relevant to one of the sections he can put it there even if it isn't from what he has been working on for group.

During individual sessions you should review this material with him, making sure that he understands it. Additionally you should work with him to make it coherent in the sense that the Control Strategies and Protective Factors really should be relevant to his risk factors and applicable in current or future situations



## Subsequent Individual Sessions: Last Session

### Goals for Treatment Participant

- To bring Phase II to a close
- To prepare the participant for Maintenance or Release Preparation

### Guidance for Facilitator

After Phase II the participant should go into Maintenance (Phase III) if there is more than six months before he could be released or into Release Preparation if he is within six months of potential release. You should establish which of these is the plan for this individual.

This last meeting should take place after the last group session.

You have three tasks for it.

1. To advise him whether he is going to Maintenance or to Release Preparation and to let him know what that will involve.
2. If you are no longer going to be working with him to process his feelings around the end of your work together
3. To add your congratulations and appreciation for him and all he has achieved to that of his group

## Module 1: Introduction

### Goals for Participant

- Assist a new participant in introducing himself to the group
- Accustom the new participant to talking about himself in group
- Help the new participant experience the group as a safe and welcoming place

### Expected Number of Slots

1

### Guidance for Facilitators

When a new participant first joins the group they can just introduce themselves by name. The facilitators welcome the new participant to the group and explain that the expectation for new members is to only listen to others presenting and observe how the group works for a few sessions. The facilitator explains that the new member should start thinking preparing to present at a future session by observing how existing group members present and by studying the handout for Module 1. Choose a session that gives the new participant at least a week to prepare. Give the new participant the Module 1 Handout and go through it with him to make sure he understands what is expected. This can be done in the group session or individually, whichever is most convenient.

When it is the new participant's turn to present, before he begins, ask the group to remember how it was when they first started treatment. Ask them to limit their comments to asking for clarification when they don't understand something and giving support and encouragement. Remind the group that the purpose of this presentation is for the new participant to give an overview of the key events in his life that led to his becoming the man he is today, as well as briefly describing what was involved in his offenses. The group is considered a team that supports each other in making important life changes, and the first presentation by a new group member, is his initiation to the team. All welcome the new member.

The new participant then presents, responding to questions asked for clarification. The facilitators should ensure that questions asked are supportive.

At the end of the half-session the facilitators elicit feedback from group members on the presentation. Ask group members to describe things that they thought the presenter did well. Elicit empathy and support. The facilitators should add in their own feedback. Ask the presenter what it feels like to have presented.

Finally the facilitators should brief the presenter on his next module. This can be done in the group session or individually, whichever is most convenient.

## Handout for Module 1: Introduction

This module has four purposes:

- (1) To help you to introduce yourself to the group, letting them start to get to know you
- (2) For you to learn what it is like presenting to the group
- (3) For you to start the process of reflecting on your life and learning which events most impacted you
- (4) For you to officially become a member of a team of men who work to help each other make long-standing successful life changes

The basic instruction for this Module is to present to the group a story of the key events of your life that led to your becoming the man you are today. This presentation covers both events that contributed to you developing strengths and events that contributed to you developing problems. Include at least a brief account of the offense(s) for which you are now serving a sentence but don't make this the focus of the presentation. This presentation is meant to be about you as a whole person, not just about the offenses you committed.

To prepare yourself review events from your childhood (0 to 12), your teenage years (13 to 17), and your adulthood (18+). For each period identify the most important influences on your development. When you talk about a particular event, try to describe it objectively (just the facts of what happened) and then describe what sense you made of it at the time and what you learned from it and/or how it changed how you think, feel, and behave.

Prepare notes to help you present but don't prepare text to read word for word.

Prepare yourself to expect group members to ask you questions to help them understand your story.

## Module 2: Hopes and Fears

### Goals for Participant

- Enable the participant to reflect on and communicate what he hopes to get out of treatment
- Enable the participant to reflect on and communicate what he fears might happen in treatment
- Support him in developing realistic expectations about the group
- Help him identify reasons for thinking he benefit from treatment
- Help him feel confident that he will overcome his fears and benefit from treatment

### Expected Number of Slots

1

### Guidance for Facilitators

Invite the presenter to describe his Hopes and Fears.

Process Hopes by asking him to talk about how important each Hope is and by asking him how confident he is that he can achieve that Hope.

Empathize with Fears and ask the group about their experiences and how they have coped with these fears.

Throughout this process facilitators should use reflections and open questions to draw the presenter out.

At the end of the half-session the facilitator should elicit feedback from group members on the presentation. Ask group members to describe things that they thought the presenter did well. The facilitators should add their own feedback. The presenters should make statements of encouragement to the effect that he can achieve the realistic hopes he described.

Finally the facilitators should brief the presenter on his next module. This can be done in the group session or individually.

## Handout for Module 2: Hopes and Fears

This module has three purposes:

- (1) For you to reflect on what you might hope to get out of treatment
- (2) For you to reflect on your fears about treatment
- (3) For you to share these things with the group, learn from their experience, and feel supported

Working out what you hope for and fear will help you benefit from the group experience. Fears hold us back. The group will help you by sharing their experience with how realistic different fears are and how they have managed them.

The basic instruction for this Module is present to the group a list of your three or four main Hopes for your participation in treatment – what good things do you really want to get out of it – and also to present a list of your three or four main Fears about what might happen in treatment.

Prepare notes to help you present but don't prepare text to read word for word.

Prepare yourself to expect group members to ask you questions to help them understand you better and support your efforts to improve your life. They will also share some of their experience when that seems helpful.

## Module 3: Understanding Life Goals

### Goals for Participant

- Enable the participant to understand and reflect upon common sources of life satisfaction and how people usually go about achieving these life goals
- The participant will reflect upon positive and negative ways of achieving Life Goals
- The participant will consider how important each kind of Life Goal has been for him at different times in his life (childhood – ages 0 to 12; teenage years – 13 to 17; and different periods of his adult life)

### Expected Number of Slots

1-2

### Guidance for Facilitators

Invite the participant to present the Life Goals that mattered to him most at different times in his life and the ways he tried to achieve them. Make sure that all group members have a copy of the Life Goals Handout with them for this session. Provide one if they don't.

Throughout this process facilitators should use reflections and open questions to draw the presenter out.

At the end of the half-session the facilitator should elicit feedback from group members on the presentation. Ask group members to describe things that they thought the presenter did well. The facilitators should add their own feedback. Facilitators should make statements of support and optimism that participant(s) deserve a good life and can learn positive ways to achieve goals.

This module may require more than one presentation (especially for older participants). Keep it to no more than two presentations. The role of Life Goals in past offending and for the future is addressed in more detail later in the program. The participant can briefly refer to the life goals he was pursuing when offending if he wishes but should not dwell on that in this session. After the participant has completed the one or two presentations required now, let the participant know that the topic of Life Goals will be revisited in future assignments. Suggest he spend some time thinking about which Life Goals matter most to him now. The facilitators then brief the presenter on his next module. This can be done in the group session or individually.

## Handout for Module 3: Understanding Life Goals

This module has three purposes:

- (1) For you to reflect upon common sources of life satisfaction (we call this Life Goals) and how people try to achieve them
- (2) For you to reflect on positive and negative ways of achieving Life Goals
- (3) For you to consider how important each kind of Life Goal has been for you at different times of your life (childhood – ages 0 to 12; teenage years – 13 to 17; and different periods of your adult life)

The basic instruction for this Module is for you to present to the group the Life Goals that were important to you at different times in your life, and the different ways you tried to achieve the Life Goals that mattered to you. Consider both positive and negative ways of pursuing Life Goals while you do this (positive ways are those that enable you to make progress towards the Life Goal without hurting others or significantly impairing your ability to achieve other Life Goals. Negative ways are those that harm you or other people).

Prepare notes to help you present but don't prepare text to read word for word.

Prepare yourself to expect group members to ask you questions to help them understand you better and support your efforts to improve your life. They will also share some of their experience when that seems helpful.

On the following page is a list of common Life Goals with a brief description and at least one example of how someone might try to achieve them. The facilitators will provide copies of the Life Goals Handout to all group members at the session you present this work so that they can understand the assignment and help you.

## Life Goal Handout

Life Goal	Positive Ways of Meeting Life Goal	Negative Ways of Meeting Life Goal
<b>Living &amp; Surviving</b> Maintaining physical health; being able to meet basic needs – shelter, clothes, mobility, enough to eat etc.	Earning a living  Eating healthily and exercising  Getting medical check-ups	Always scanning for physical threats  Easily being hostile to others in case they present a threat  Stealing; taking advantage of others

<b>Knowledge &amp; Understanding</b> Learning new information, developing understanding, sharing this with others – this can be about ideas, technical skills, or even understanding people	Going to school  Reading more  Learning about yourself	Teaching children about sex  Learning to be better at taking advantage of others
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<b>Being Good at Work and Play</b> This is about satisfaction taken from being competent and effective: being able to work and play well	Being good at your job, sports or hobbies  Being able to acknowledge accomplishments	Being good at manipulating peoples  Excelling by putting others down
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<b>Independence</b> Wanting to make your own way in life, to make your own choices and plans	Working hard so that you can support yourself  Being Assertive	Dominating others in an abusive way  Breaking rules to have your own way
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<b>Peace of Mind</b> Being calm, avoiding stress, feeling content	Meditating  Learning to relax  Yoga  Trying not to get angry	Using alcohol or drugs to deal with emotions  Using sex to cope with negative feelings
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<b>Relationships &amp; Friendships</b> This is about valuing close relationships with family, friends or romantic partners	Spending time with family, friends or a romantic partner  Being a good partner, family member, etc.  Supporting family, friends or a romantic partner	Having a “romantic” relationship with a child, someone else’s partner, or someone who is not a positive influence  Being close friends with people who lead you astray
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<b>Community</b> This is about having the sense of being part of a larger group	Being part of the military culture  Community groups  Doing volunteer work	Being a member of a gang
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<b>Spirituality</b> Seeing life as having a meaning or a purpose and feeling in touch with that purpose	Participating in religious or spiritual activities  Meditating or Praying	Participating in or using a religion to foster hatred or abuse of others
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<b>Happiness</b> Contentment, happiness, pleasure	Doing things that give a sense of fulfillment  Letting yourself enjoy things  Doing things that give pleasure (e.g. sex)	Pleasurable activities that are illegal, harm others, or excessively dangerous  Taking advantage or others for your own gratification
--	--	---

<b>Creativity</b> Creating or trying new things; doing novel, exciting things	Trying things you have not done before  Painting, building things, drawing, making music	Trying new kinds of sex that ends up being illegal or abusive  Trying anything without thinking of consequences
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## Module 4: My Autobiography

### Goals for Participant

- Enable the participant to review and reflect on his biography, developing insight and awareness
- Enable the participant to identify, understand and disclose their main prior forms of sexual offending in the context of their whole life history
- Clarify how much prior behavior similar to that involved in the current offense(s) has taken place
- To clarify the full range of sexual offenses that he has committed
- See himself as much more than his offense history

### Expected Number of Slots

2-4

### Guidance for Facilitators

Invite the presenter to present the key elements of as much of his autobiography as he has completed (or there is time for in the session). Presenters will naturally try to put themselves in a good light and facilitators and the group should ask them questions to explore what they are disclosing and help prepare them for their sexual history polygraph examination. The facilitator thoroughly educates the participant about the Child Abuse and Neglect Reporting Act mandated reporter requirements.

Throughout this process facilitators should use reflections and open questions to help the presenter identify the personal meaning of the events he describes and what his feeling about them are. Group members are invited to ask questions and clarifications.

It is generally possible to present the Autobiography in two to three slots. Once this has been accomplished a sexual history polygraph examination can be scheduled. When he is found non-deceptive (which may be after the participant has moved on to another module) he should update the group and receive their congratulations). If he had to make additional disclosures to be found truthful he should tell the group what these were and why he did not feel comfortable disclosing them previously. The group should be asked what they can do differently to help participants feel comfortable about being truthful.

At the end of the half-session the facilitator elicit feedback from group members on the presentation. Ask group members to describe things that they thought the

presenter did well. The facilitators should add their own feedback, offering encouragement and further self-exploration. The participant is asked to describe their thoughts and feelings about having completed the presentation.

Finally when the presenter has fully presented his Autobiography the facilitators should brief the presenter on his next module. This can be done in the group session or individually.

## Handout for Module 4: My Autobiography

This module has four purposes:

1. For you to review and reflect on his biography, developing insight and awareness
2. For you to identify, understand and disclose their main prior forms of sexual offending in the context of your whole life history
3. For your to clarify how much prior behavior similar to that involved in the current offense(s) has taken place
4. For you to see yourself as much more than your offense history

The basic instruction for this Module is for you to complete the Autobiography questionnaire thoughtfully and completely. If you are in doubt about how to complete parts of it you should consult your facilitators. Expect to use two or three presentation slots to share your autobiography with the group. On each occasion share as much as you have produced so far (or as much as you have time for). As well as sharing the facts, be prepared to talk about your feelings about the facts you are describing and to be asked questions about the events and your feelings.

The material you will be thinking about, writing about, and sharing with others through the autobiography assignment is very personal. It is designed to help you develop a fuller awareness of who you are today and the events and your responses to those events that most impacted you. Through this process, you will develop understanding, insight, and empathy for yourself and this will help you make healthier choices. Of course group is a place for discussing personal things but if there is something in your autobiography questionnaire that you are particularly unsure about sharing with the group you should seek the advice of your facilitators.

When describing sexual offenses and/or child pornography which have not been previously been reported be aware of the Child Abuse and Neglect Reporting Act which your facilitator will speak to you about thoroughly. Ask your facilitators for advice on how you might discuss these kinds of offenses without them being reported to authorities. Remember, the information you are asked for about victims is the approximate age and gender and your sexual behavior during offenses, rather than their names, addresses, and other specific information about their identities.

## **AUTOBIOGRAPHY**

### **Childhood**

1. Where and when were you born? Where did you live during your childhood years? Who raised you? What was your relationship like with each person who raised you? What kind of work did your mother and father (or other parental figures) do? How did you feel about their work?
2. What was the religious or ethical background of your family? Did your family attend church or Sunday school? How often? Did your parents attend? What church? How important was religion in the family?
3. Who named you? Why was your name chosen?
4. What is your earliest memory?
5. What was it like being a small child in your home? Who was special to you, who cared the most about you? Who did you feel closest to? Why?
6. Give the names and birth years of the other children in the family in which you grew up.
  - a. How did you get along with each of them?
  - b. What was your birth order in the family?
  - c. How did your parents treat each of the children?
7. Who disciplined you?
  - a. How did they do it?
  - b. Why did they do it?
  - c. How did you feel about the discipline you received?
8. Were there any health problems or serious accidents in your family? Any deaths? How did your family show feelings toward each other? Anger? Love? Closeness? Fear?
9. How did your parents get along with each other? What did they do together? What did they fight about? What effect did their relationship have on you then and now?
10. What was the most important event during this phase of your life?

### **School Activities**

11. How did you feel when you started school? What was good about school? What was bad about school?
12. Who were your friends during grade school? What did you do with them? What games or hobbies did you enjoy with other children during grade school years?
13. How did teachers treat you?
14. Did you enjoy schoolwork? Was any of it hard for you? What subjects?

15. How involved were your parents/caretakers in your school and extracurricular activities?
16. What extracurricular activities were you involved in during grade school, junior high, and high school?
17. Were there changes in your living arrangements during grade school, junior high, or high school?
18. Did your feelings about school or achievements in school change in your high school years?
19. What friends and/or activities were you involved with during high school?
20. What kind of future job dreams or plans did you think about in your high school years? What were your goals?
21. What sports (if any) did you play in high school? What kind of athlete were you?

### **Adulthood**

22. What schooling or training were you involved in beyond high school? How did you like it and how did you do in it?
23. What kind of jobs have you had? For how long? How did you like them?
24. Why did you decide to join the military? Why did you select the branch of service you did? How old were you when you joined?
25. How did you like being in the military? What was the best part of being in the military? What was the worst part about being in the military?
26. Who were your best friends since you became an adult? What did you do with your friends?
27. How did you spend your free time? What hobbies did you have?

### **Substance Abuse**

28. How old were you when you began drinking alcohol? How much did you drink? What kind of alcohol? Do you think you had a problem with drinking? Have you ever been detained for possession or underage drinking?
29. What kind of drugs have you used? How old were you when you started using drugs? How often would you use drugs? What were your favorite drugs? Do you think you had a problem with drug use? Have you been arrested for possession or sale of drugs?
30. Have you ever had blackouts from using drugs or alcohol? Ever had times that you could not remember where you were, what you did, or how you got home?

### **Relationships**

**NOTE: Repeat questions 34 through 38 for any other marriages, committed relationships or live-in relationships you had.**

31. When did you get romantically involved with someone for the first time? How did you meet? What was attractive about the person to you?
32. How many serious relationships did you have before you married/ relationship? How long did they last? Why did they break up?
33. What first attracted you to your wife? why did you decide to marry? How did the relationship change after you were married?
34. What were the good parts of your marriage? What were the troubles in the marriage?
35. When did you have children? How many? (Names & ages, including stepchildren) How did they affect the marriage/relationship?
36. Did you or your spouse/partner have sexual relationships outside of the marriage? Why? When? How did you and your wife/partner meet people you had affairs with?
37. Did the marriage end? When? Why? How do you presently feel about this marriage?
38. How long did you and your wife live together in a romantic relationship?

#### **Sexual History**

39. Where did you get most of your sexual information as a child?
40. How comfortable was your family discussing sex?
41. When you were young what did your parents teach you about sex?
42. What was your father's (male parental figure) sexual behavior like? How did you feel about it?
43. What was your mother's (female parental figure) sexual behavior like? How did you feel about it?
44. How old were you when you started going through puberty? What were your feeling about it? How old were you when nocturnal emissions (wet dreams) began?
45. Were there any special feelings (pride, embarrassment, etc.) you associated with nocturnal emissions?
46. How old were you when you had your first erection? How did you feel about it? What did you think was happening?
47. Do you recall playing sex games as a child? What age? What kind of games? With whom?
48. As a child or adolescent were you punished for sexual activities? Describe. Often, once, never caught, caught but not punished, had none.
49. Were you sexually molested as a child? By whom and in what way? How old were you? What was your reaction to being molested?
50. Were any other children in your family molested? Who? How old were they? What happened? When did you learn of this? What was your reaction to hearing about it?
51. At what age did you begin to masturbate?

52. Did you often use fantasy while masturbating during adolescence? Any special theme? Describe as many kinds of fantasies as you can remember.
53. How often did you masturbate?
54. Were you ever caught masturbating by somebody? What was their reaction? How did you feel about being caught?
55. Did you use pictures to help you masturbate? What kind of pictures? Where did you get the pictures?
56. At what age did you have your first date?
57. At what age did you have your first sexual experience (genital touching, kissing, mutual masturbation, intercourse, oral sex, etc.) with a female? Describe the type of sexual activities these were.
58. At what age did you have your first sexual experience (genital touching, kissing, mutual masturbation, intercourse, oral sex, etc.) with a male? Describe the type of sexual activities these were.
59. As a child, did you ever watch animals or humans (accidentally or otherwise) involved in sexual activities?
60. As a teenager, how did you view girls who went all the way?
61. As a teenager, how did you view boys who went all the way?
62. As a teenager, how did you feel about homosexuals?
63. How would you describe your sexual activities during adolescence? Indicate frequency by using the following numbers:

1 = Never, 2 = Seldom, 3 = Sometimes, 4 = Often

- |   |                                |
|---|--------------------------------|
| _____ None  | _____ Oral-genital stimulation |
| _____ Some kissing & making out                               | _____ Vaginal intercourse      |
| _____ Petting – no orgasm                                     | _____ Anal intercourse         |
| _____ Petting – leading to orgasm                             |                                |
| _____ Mutual masturbation (touching each other's genitals)    |                                |
| _____ Simulating intercourse with clothes on (no penetration) |                                |

64. With whom were you involved with sexually as an adolescent? (Check all that apply)
 

_____ Always with girls	_____ Equally with both
_____ Always with boys	_____ No sexual experiences
_____ Usually with girls, sometimes boys	_____ Adult males
_____ Usually with boys, sometimes girls	_____ Adult females
65. How would you describe the usual feelings you had following sexual activities? (Use as many adjectives as needed, such as guilty, loved, grown-up, powerful, ashamed, etc.)
66. At what age and with whom did you first experience intercourse?



67. Was this a good or bad experience for you at the time? Did you experience any difficulty with your erection or ejaculation?

68. Approximately how often and with how many different partners did you experience intercourse?

	How often?	How many partners?
Before the age of 10	_____	_____
Ages 10-15	_____	_____
Ages 16-18	_____	_____
Ages 19-21	_____	_____
Age 22 to present	_____	_____

69. Indicate for each age, your most frequent partner (prostitute, casual acquaintance, person with whom you were having a close relationship, spouse or any other).

Before the age of 10	_____
Ages 10-15	_____
Ages 16-18	_____
Ages 19-21	_____
Age 22 to present	_____

70. How would you rate yourself as a sexual partner as an adolescent? Explain.

71. How would you rate yourself as a sexual partner as an adult? Explain.

72. Using a scale of 0 (no pleasure at all) to 10 (the most pleasure you've experienced), rate the following activities as to the degree of pleasure you usually derived from these activities as an adult. Also rate frequency of the activities using the following rating: (1 = Never, 2 = Seldom, 3 = Sometimes, 4 = Often).

Frequency (1 to 4)	Rating (0 to 10)	
_____	_____	Manipulating female partner's genitals
_____	_____	Manipulating male partner's genitals
_____	_____	Female partner's manipulation of your genitals
_____	_____	Male partner's manipulation of your genitals
_____	_____	Performing oral sex on female partner
_____	_____	Performing oral sex on male partner
_____	_____	Female partner performing oral sex on you
_____	_____	Male partner performing oral sex on you
_____	_____	Performing anal intercourse on female partner
_____	_____	Performing anal intercourse on male partner
_____	_____	Male partner performing anal intercourse on you
_____	_____	Vaginal intercourse

73. As an adult and up until the time you began the Sex Offender Treatment Program, how frequently did you masturbate? Describe any specific rituals or patterns connected with your masturbation.

74. What kinds of fantasies did you masturbate to? Be specific about fantasized person(s) and situations.
75. Describe changes in your sexual fantasies from adolescence to the present.
76. As an adult, have you ever had difficulty with any of the following? Comment or describe when necessary.
- a. Techniques of petting and foreplay
  - b. Positions in intercourse
  - c. Partner's passivity
  - d. Partner not achieving orgasm
  - e. Difficulty in achieving orgasm
  - f. Difficulty in maintaining erection
  - g. Difficulty in ejaculating too quickly
  - h. Difficulty in taking too much time to ejaculate
  - i. Partner desired sex more frequently than you wanted
  - k. Feeling comfortable with your gender or sexual identity
  - j. You want sex more frequently than your partner
77. Describe any other difficulties in sexual behaviors/issues not covered in the previous question that you experienced.
78. Do you have any concerns about your penis size? Explain.
79. Do you have any concerns about your physical appearance that you think make you an unattractive sexual partner?
80. If there was one thing about your body that you could change to make you more sexually attractive, what would it be? Why?
81. If you were married or living together with someone prior to your incarceration, briefly comment on the sexual part of that relationship.
82. How difficult or easy is it for you to attract adult sexual partners? Why?

83. How often, on the average, did you and your last partner have sex?

- ☐ No sex
- ☐ Less than once a month
- ☐ One to three times a month
- ☐ Once a week
- ☐ Two to four times a week
- ☐ Five or six times a week
- ☐ Everyday
- ☐ More than once a day

84. How did you and your partner feel about the frequency?

	<u>Self</u>	<u>Partner</u>
Satisfied	<input type="checkbox"/>	<input type="checkbox"/>
Desired more often	<input type="checkbox"/>	<input type="checkbox"/>
Desired less often	<input type="checkbox"/>	<input type="checkbox"/>

85. How frequently did it occur that you desired sex and your partner did not?

- ☐ Frequently ☐ Rarely
- ☐ Occasionally ☐ Never
- ☐ Did not know when partner wanted sex

86. What did you usual do when you wanted sex and your partner did not?

87. How frequently did it occur that your partner wanted sex and you did not?

- ☐ Frequently ☐ Rarely
- ☐ Occasionally ☐ Never
- ☐ Did not know when partner wanted sex

88. What did you usually do when your partner wanted sex and you did not?

89. Could you discuss your feeling about sex freely with your partner?

90. Who usually took the initiative in sexual activity?

91. Who was more willing to try new things in your sexual activities together?

92. Who was more experienced in sex at the start of your relationship?

93. What fantasies did you use while engaging in sexual activities with a partner? Be as specific about fantasized person(s) and situations as possible.

94. Did you feel satisfied after having sex with a willing adult partner?

**NOTE: Answer questions 96 through 107 for first offense, then answer the questions again for the next offense. Keep answering the questions until you have done so for all offenses.**

95. Describe the sexual offense(s) you have perpetrated, including:

- a. Victim's sex;
- b. Victim's age;
- c. Usual setting for the crime;
- d. Had you been using any drugs or alcohol? Specify type and amount.
- e. Did you use or threaten to use a weapon? If so, what was the threat?
- f. Aside from the sexual abuse, did you cause your victim physical pain? Was it intentional?
- g. How often did you think about committing your offense before you actually did it?
- h. Did the sex offense occur as part of another crime?
- i. What kind of sexual fantasies did you have prior to committing the sexual crime?
- j. What kind of sexual fantasies did you have during the sexual crime?
- k. What sexual acts did you commit or attempt to commit? Be specific about what you tried to do.
- l. Give an approximate number of victims.
- m. Give the average length of time between victims.
- n. Did you fantasize about the crimes after you committed them?

96. Did you have an erection during your sexual crimes?

( ) Always ( ) Usually ( ) Seldom ( ) Never

97. Did you ejaculate during your sexual crimes?

( ) Always ( ) Usually ( ) Seldom ( ) Never

98. Did you ever masturbate after your sexual crimes?

( ) Always ( ) Usually ( ) Seldom ( ) Never

99. What were you feeling immediately after your sexual crimes?

100. Were you aware of any particular body sensations that usually occurred before you committed your crimes (headaches, smells, etc.)? Please describe and explain.

101. What was the duration of the sexual contact with your victim?

102. What did you say to your victim before the crime?

103. What did you say to your victim during the crime?

104. What did you say to your victim after the crime?

105. Do you think your victim ever enjoyed the sexual acts you committed on them?

( ) Always ( ) Usually ( ) Seldom ( ) Never

106. Describe the sexual satisfaction you felt after your sex crime.

### **Criminal History**

107. When and how did you first get involved with the law? What happened?
108. What other things have you been arrested for? When? What happened?
109. Have you been confined in other prisons or jails? How long? Where? For what?
110. What was the situation leading up to your most recent sex offense? What was going in your life? How were you feeling?
111. What was the specific incident that seemed to trigger your sexually deviant behavior?
112. What other similar crimes have you been involved in and for how long?
113. Have you ever been involved in obscene phone calls? If so, describe.
114. Have you ever been involved in exposing yourself to unsuspecting strangers? If so, describe.
115. Have you ever peeped in people's windows hoping to see them naked or observe them having sex? If so, describe.
116. Have you ever solicited a prostitute? If so, describe.
117. Have you ever intentionally touched the breast, bottom or crotch of an unsuspecting person? If so, describe.

### **Treatment**

118. What treatments have you or your family been involved in prior to your present confinement? What kinds of problems were addressed?
119. What was helpful to you in your prior treatment?
120. What do you wish you had done differently in prior treatment? How could you have benefited more from treatment?
121. What are your current treatment goals?
122. What do you think are the chances you will re-offend if you do not complete the treatment program?
123. What do you think are the chances you will re-offend if you complete the treatment program?